

CLAIMS ONLY

Application Number

Applicant(s)

Filing Date

10-701860 1-12-05

* May be used for additional claims or amendments

CLAIMS	AS FILED		AFTER FIRST AMENDMENT		AFTER SECOND AMENDMENT	
	Indep.	Depend.	Indep.	Depend.	Indep.	Depend.
1-2	1					
3		1				
4		1				
5		1				
6		1				
7		1				
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49						
50						
Total Indep.	6					
Total Depend.	22					
Total Claims	28					
51						
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Total Indep.						
Total Depend.						
Total Claims						

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